REQUEST FOR MEDICAL/DENTAL RECORDS OR INFORMATION	REQUESTING ACTIVITY - Complete Items 1 through 10 (Except 8b); also complete Item 19.  ADDRESSEE - Complete Items 8b, 11 to 14 or 15 to 18, as appropriate, final referrer shall return to requester.				
1. PATIENT (Last Name - First Name - Middle Name)		3. STATUS MILITARY VA BENEFICIARY DEPENDENT FEDERAL EMPLOYEE			
2. ORGANIZATION AND PLACE OF TREATMENT			OTHER (Specify)  3a. NAME OF SPONSOR (If dependent)		
4. TO (Include ZIP Code)			5. IDENT	IFYING INFORMATION	
			a. SERVICE N	UMBER	
			b. GRADE/RA	ГЕ	
1		ı	c. SOCIAL SE	CURITY ACCOUNT NO.	
			d. VA CLAIM	NUMBER	
			e. DATE OF B	RTH (If Federal employee)	
6. DATES OF TREATMENT (Inclusive)			7. DISEASE OR INJURY		
8. a. RECORDS REQUESTED	b. RECORDS FOR	RWARDED	9. REMARKS		
MIL VA		MIL VA			
OUTPATIENT					
HEALTH RECORD					
DENTAL RECORD					
X-RAY					
MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS					
ABSTRACT OF RATING SHEET					
REPORT OF PHYSICAL EXAMINATION					
ALL AV AIL ABLE RECORDS (Except X-rays unless specifically requested)			10 CIONATURE		
OTHERS (List under remarks)			10. SIGNATURE		
		REPLY/R	l REFERRAL		
11. TO:			12. REMARKS		
			RECORDS CHECKED IN 8b FORWARD		
			NO RECORDS FOUND FOR PATIENT DU MORE INFORMATION NEEDED. FURNIS		
13. SIGNATURE	14. DATE				
	REPL	Y/SECO	ND REFERRAL		
15. TO:			16. REMARKS		
			RECORDS CHECKED IN 8b FORWARD  NO RECORDS FOUND FOR PATIENT DU  MORE INFORMATION NEEDED. FURNIS	RING ABOVE PERIOD.	
17. SIGNATURE	18. DATE				
19. RETURN TO: (Include ZIP Code)					
		l	ENTER TO WE	ESTING ACTIVITY WILL R COMPLETE ADDRESS HICH RECORDS OR FINAL Y SHOULD BE MAILED.	
1		i			

REQUEST FOR	REQUESTING ACTIVITY - Complete Items 1 through 10 (Except 8b); also Complete Item 19.				
MEDICAL/DENTAL RECORDS OR INFORMATION	ADDRESSEE - Complete Iten final referrer s	s 8b, 11 to 14 or 15 to 18, as appropriate hall return to requester.	5		
1. PATIENT (Last Name - First Name - Middle I	Vame)	3. STATUS MILITARY VA BENEFICIARY DEPENDENT FEDERAL EMPLOYEE			
2. ORGANIZATION AND PLACE OF TREATMEN	IT	OTHER (Specify)			
		3a. NAME OF SPONSOR (If dep	pendent)		
4. TO (Include ZIP Code)			5. IDENTIFYING INFORMATION		
	_		a. SERVICE NUMBER		
ı		1	b. GRADE/RATE		
		1	c. SOCIAL SECURITY ACCOUNT NO.		
	_		d. VA CLAIM NUMBER		
			e. DATE OF BIRTH (If Federal employee)		
6. DATES OF TREATMENT (Inclusive)		7. DISEASE OR INJURY			
8. a. RECORDS REQUESTED	b. RECORDS FORWARDE				
MIL VA	MIL V				
U OUTPATIENT					
HEALTH RECORD					
DENTAL RECORD					
X-RAY					
MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS					
☐ ABSTRACT OF RATING SHEET					
REPORT OF PHYSICAL EXAMINATION					
ALL AV AIL ABLE RECORDS (Except X-rays unless specifically requested)		10. SIGNATURE			
OTHERS (List under remarks)		TO. SIGNATORE			
	REPLY	/REFERRAL			
11. TO:		12. REMARKS			
		RECORDS CHECKED IN	8b FORWARDED.		
			DR PATIENT DURING ABOVE PERIOD. EEDED. FURNISH FOLLOWING:		
13. SIGNATURE	14. DATE		EEDED. PORNISH POLLOWING.		
16. SIGNATURE	14. DATE				
	REPLY/SEC	OND REFERRAL			
15. TO:		16. REMARKS			
			86 FORWARDED. DR PATIENT DURING ABOVE PERIOD. EEDED. FURNISH FOLLOWING:		
17. SIGNATURE	18. DATE				
19. RETURN TO: (Include ZIP Code)					
	<del>-</del>				
			REQUESTING ACTIVITY WILL ENTER COMPLETE ADDRESS TO WHICH RECORDS OR FINAL REPLY SHOULD BE MAILED.		
L					

REQUEST FOR	REQUESTING ACTIVITY - Complete Items 1 through 10 (Except 8b); also Complete Item 19.				
MEDICAL/DENTAL RECORDS OR INFORMATION	ADDRESSEE - Complete Iten final referrer s	s 8b, 11 to 14 or 15 to 18, as appropriate hall return to requester.	5		
1. PATIENT (Last Name - First Name - Middle I	Vame)	3. STATUS MILITARY VA BENEFICIARY DEPENDENT FEDERAL EMPLOYEE			
2. ORGANIZATION AND PLACE OF TREATMEN	IT	OTHER (Specify)			
		3a. NAME OF SPONSOR (If dep	pendent)		
4. TO (Include ZIP Code)			5. IDENTIFYING INFORMATION		
	_		a. SERVICE NUMBER		
ı		1	b. GRADE/RATE		
		1	c. SOCIAL SECURITY ACCOUNT NO.		
	_		d. VA CLAIM NUMBER		
			e. DATE OF BIRTH (If Federal employee)		
6. DATES OF TREATMENT (Inclusive)		7. DISEASE OR INJURY			
8. a. RECORDS REQUESTED	b. RECORDS FORWARDE				
MIL VA	MIL V				
U OUTPATIENT					
HEALTH RECORD					
DENTAL RECORD					
X-RAY					
MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS					
☐ ABSTRACT OF RATING SHEET					
REPORT OF PHYSICAL EXAMINATION					
ALL AV AIL ABLE RECORDS (Except X-rays unless specifically requested)		10. SIGNATURE			
OTHERS (List under remarks)		TO. SIGNATORE			
	REPLY	/REFERRAL			
11. TO:		12. REMARKS			
		RECORDS CHECKED IN	8b FORWARDED.		
			DR PATIENT DURING ABOVE PERIOD. EEDED. FURNISH FOLLOWING:		
13. SIGNATURE	14. DATE		EEDED. PORNISH POLLOWING.		
16. SIGNATURE	14. DATE				
	REPLY/SEC	OND REFERRAL			
15. TO:		16. REMARKS			
			86 FORWARDED. DR PATIENT DURING ABOVE PERIOD. EEDED. FURNISH FOLLOWING:		
17. SIGNATURE	18. DATE				
19. RETURN TO: (Include ZIP Code)					
	<del>-</del>				
			REQUESTING ACTIVITY WILL ENTER COMPLETE ADDRESS TO WHICH RECORDS OR FINAL REPLY SHOULD BE MAILED.		
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